



State of Delaware  
Office of Emergency Medical Services

**Medical Control Physician Information Form**  
(Information for internal use of the Office of Emergency Medical Services only)



In accordance with Delaware Office of EMS (OEMS) rules, physicians are not permitted to provide on-line medical direction to Delaware EMS providers without first completing the Delaware Base Station Physician Course and then issued a Medical Control Physician Number by the OEMS.

**Please Print Clearly!**

Information (Check One):

- ☐ New (complete all sections)  
☐ Change (complete appropriate section)

Name:

Title (check): ☐ M.D.  
☐ D.O.

Preferred Mail Address:

City:

State:

Zip:

Hospital Name: ☐ Bayhealth - Kent ☐ Bayhealth - Milford ☐ Beebe ☐ ChristianaCare ☐ DuPont ☐ Nanticoke ☐ St. Francis

Work Telephone Number: ( )

FAX: ( )

If other than your work telephone number, provide the primary contact number you wish the OEMS to use to contact you should the need arise:

Number: ( )

This is my: ☐ Home Telephone Number ☐ Cellular Telephone Number ☐ Pager Number ☐ Other

E-Mail Address:

Check box if Emergency Medicine Resident: ☐

Estimated date of completion of Residency Program:

Delaware Physician License Number:

**Emergency Medicine Board:** ☐ Certified ☐ Prepared

If you checked "Board Prepared", you must enter your ATLS and ACLS expiration dates.

ATLS Expiration Date:

ACLS Expiration Date:



**Mail to:**

Training Administrator  
Delaware Office of EMS  
Blue Hen Corporate Center  
655 Bay Road, Suite 4-H  
Dover, DE 19901

Base Station Course Location:

Signature (Course Instructor):

Course Date:

Course Type: ☐ Interim (45 day) ☐ Regular

**OEMS Use Only**

Medical Control Number:

State EMS Medical Director (Signature):

Entered in Database (Date/Initials):